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Saskatchewan Health
Community Health - Prevention Services Branch

North Battleford Health Region #13
Annual Review
1991 - 92

Saskatchewan

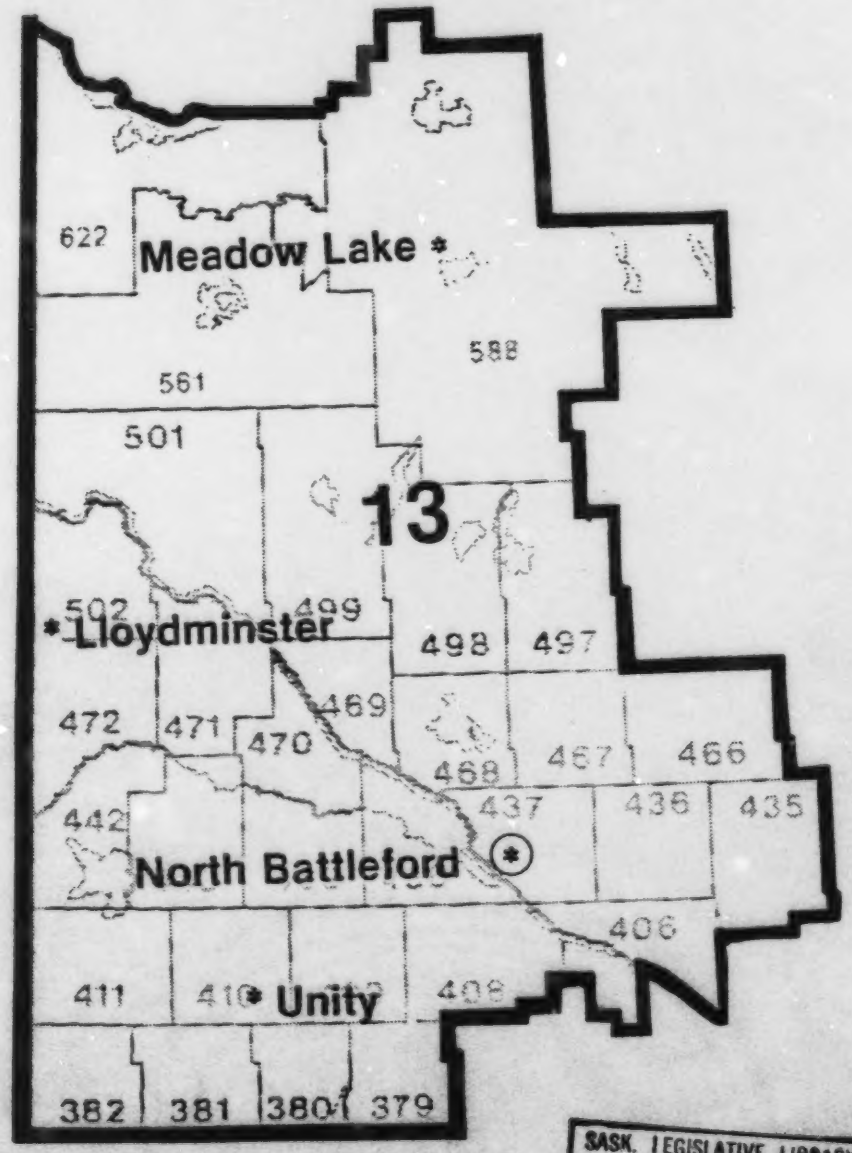

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TABLE OF CONTENTS

Page 2	Personnel at March 31, 1992
Page 3	Health Districts and Municipal Health Representatives
Page 7	Medical Health Officer's Report
Page 13	Selected Figures, Tables & Statistics
Page 24	Regional Nursing Supervisor's Annual Report
Page 27	Selected Nursing Statistics
Page 29	Senior Public Health Inspector's Report
Page 30	Public Health Inspection Statistics
Page 31	Nutritionist's Report
Page 34	Nutrition Service Statistics
Page 36	Early Childhood Psychologist's Report
Page 38	Speech and Language Pathologists' Report
Page 40	Speech and Language Services Statistics
Page 41	Dental Health Education Annual Report
Page 43	Dental Health Education Statistics

PERSONNEL
(At March 31, 1992)

North Battleford

Dr. M. Reesal, Regional Director & Medical Health Officer
Richard G. Terry, Director, Regional Support Services
Gwen Johnstone, Nursing Supervisor
Eleanor Ritchie, PHN II
Shelley Robinson, PHN
Jean Leitner, PHN
Cathy Gelech, PHN (on maternity leave)
Rhonda Patterson, PHN
Karen Cubbon, PHN
Donna Graham, PHN
Donna Churko, PHN
Debby Cortus, PHN

Cheryl Turner, Speech-Language Pathologist
Shelly Hagen, Nutritionist
Darren Berg, Dental Health Educator
Dr. J. Hyche, Early Childhood Psychologist
Carla Pattinson, Senior Secretary
Yvonne Gratton, Clerk-Typist II
Sharon Kozak, Clerk-Typist II
Donna Bruynooghe, Clerk-Typist II
Doreen Pierce, Clerk-Typist II

John Johnson, Senior Public Health Inspector
Ken Startup, PHI
Richard Koroluk, PHI

Lloydminster

Joyce Rutherford, PHN
Kathy Bloch-Hansen, PHN
Donna Harris, PHN
Darlene Morgan, PHN
Leslie Gwozdz, PHN
Leanne Sauer, PHN

Evelyn Rothenburger, PHN
Brenda Zeigler, PHI
Lynne Leard, Clerk-Typist II

Meadow Lake

Irmgard Carbert, PHN
Cindy Hansen, PHN
Susan Mamer, PHN
Sheila Hart, PHN
Roberta Prefontaine (on maternity leave)

Steven Deegan, PHI
Carolyn Vidal, Clerk-Typist II
Bernadette LeBoeuf, Dental Health Educator

Unity

Carol Ryan, PHN
Kathy Johnson, PHN
Shirley Parkinson, PHN

Yvonne Wiesner, PHN
Victoria O'Donnell, Clerk-Typist II

MUNICIPAL HEALTH REPRESENTATIVES, 1992

THE BATTLEFORDS HEALTH DISTRICT #1

Municipalities	Municipal Health Representatives
North Battleford	Barry Conkin, 8914 - 17th Avenue, N. Battleford S9A 2T8 Dr. Mary McPhail, 500-11th Ave., N. Battleford, S9A 2S6 Julian Sadlowski, 9704 - 97th Dr, N. Battleford S9A 0L4 Maurice Shaw, 1511 - 99th St., N. Battleford S9A 0R2 Glenn Wouters, 2401 Meadow Lark Lane, N. Battleford S9A 3V1 Wayne W. Ray, 1011-113th St., N.Battleford, S9A 2L9 Donald Salie, 1721-92nd Street, N. Battleford, S9A 0B5
Battleford (Town)	Joe Degenstein, Box 466, Battleford, S0M 0E0

NORTH BATTLEFORD RURAL HEALTH DISTRICT #2

Municipalities	Municipal Health Representatives
R.M.377, Glenside	Joan Rayner, R.R.#1, Battleford, S0M 0E0
R.M. 406, Mayfield	David Robert, Box 118, Radisson, S0K 3L0
-Denholm (Village)	Harry Moffatt, Denholm, S0M 0R0
-Maymont (Village)	Rodney Munn, Maymont, S0M 1T0
-Ruddell (Village)	Robert Jackson, Box 33, Ruddell, S0M 2S0
R.M. 408, Prairie	Roland Radchenko, R.R.#1, Battleford, S0M 0E0
R.M. 435,Redberry	Alan Tanchak, Box 160, Hafford, S0J 1A0
-Hafford (Village)	Sylvester Kohut, Hafford S0J 1A0
-Krydor (Village)	John Michayluk, Krydor,S0J 1K0
R.M. 436, Douglas	Marlene McDonald, Richard, S0M 2P0
-Richard (Village)	Rodger Pederson, Richard, S0M 2P0
-Speers (Village)	T.E. (Ted) Nicholson, Speers, Sask. S0M 2V0
R.M. 437, North Battleford	William J. Arsenault, 2019 Foley Drive, North Battleford, S9A 3H1
R.M. 438 Battle River	George Jackson, Box 458, Battleford, S0M 0E0
R.M. 439, Cut Knife	Betty Duncan, Rockhaven, S0M 2R0
-Cut Knife (Town)	Germaine Vany, Box 591, Cut Knife, S0M 0N0
-Rockhaven (Village)	Don Rowat, Rockhaven, S0M 2R0
R.M. 440, Hillsdale (Half R.M.)	Reno Bertoia, Cut Knife, S0M 0N0

Municipalities	Municipal Health Representatives
R.M. 466, Meeting Lake	Ellen Scotton, Box 113, Mayfair, S0M 1S0
R.M. 467, Round Hill	Raymond Ewanchuk, R.R.#1, Mayfair, S0M 1S0
-Rabbit Lake (Village)	Earl Jones, Box 204, Rabbit Lake, S0M 2L0
R.M. 468 Meota	Ed Sansregret, 10622 Bennett Cres., N. Battleford S9A 2N8
-Aquadeo (Resort Village)	Theresa Freeman, Box 105, Cochin, S0M 0L0
-Cochin (Resort Village)	David McDonald, 1242-113 St., N. Battleford S9A 2M2
-Meota (Village)	Allie Raycraft, Box 80, Meota, S0M 1X0
-Metinota (Village)	Richard Bunce, 1401-107th St., N. Battleford S9A 1Z8
R.M. 497, Medstead	Emil Larson, Medstead, S0M 1W0
-Medstead (Village)	Lillian Walker, Medstead S0M 1W0
R.M. 498, Parkdale	Robert E. Warwick, Box 431, Glaslyn, S0M 0Y0
-Glaslyn (Village)	Ken Morrison, Box 279, Glaslyn S0M 0Y0

UNITY HEALTH DISTRICT #3

Municipalities	Municipal Health Representatives
R.M. 379, Reford	Murray Jensen, Box 690, Wilkie, S0K 4W0
-Landis (Village)	Dan Toner, Landis, S0K 2K0
R.M. 380, Tramping Lake	Myron V. Schell, Box 91, Scott, S0K 4A0
-Scott (Town)	Charles Schneider, Scott, S0K 4A0
R.M. 381, Grass Lake	Vern Schaab, Box 308, Unity, S0K 4L0
-Salvador (Village)	Ruth Gerling, Box 65, Salvador, S0L 2W0
R.M. 382, Eye Hill	Norbert Leibel, Box 116, Denzil, S0L 0S0
-Macklin (Town)	Larry Stang, Box 204, Macklin, S0L 2C0
-Denzil (Village)	Ken Dewald, Denzil, S0L 0S0
-Evesham (Village)	Eunice Partington, Box 24, Evesham S0L 1B0
-Primate (Village)	Roxann Witzany, Primate S0L 2S0
R.M. 409, Buffalo	Diane Sander, Box 905, Wilkie, S0K 4W0
-Wilkie (Town)	Kae Campbell, Box 395, Wilkie, S0K 4W0
R.M. 410, Round Valley	Darwyne Rewerts, Box 86, Cut Knife, S0M 0N0
-Unity (Town)	Lee Wade, Box 113, Unity, S0K 4L0
-Adanac (Village)	Eunice Ralston, Box 161, Unity, S0K 4L0
R.M. 411, Senlac	Muriel Claughton, Box 1353, Unity, S0K 4L0
-Senlac (Village)	Eugene Girard, Senlac, S0L 2Y0

LLOYDMINSTER RURAL HEALTH DISTRICT #4

Municipalities	Municipal Health Representatives
R.M. 440, Hillsdale (Half R.M.)	Garth Hollingshead, Neilburg, S0M 2C0
-Neilburg (Village)	Lyle Thom, Neilburg, S0M 2C0
R.M. 442, Manitou Lake	Neil Lamb, Neilburg, S0M 2C0
-Marsden (Village)	Jean Brannick, Marsden, S0M 1P0
R.M. 470, Paynton	S. Arthur Jones, Box 259, Paynton, S0M 2J0
-Paynton (Village)	Ronald Falcon, Box 54, Paynton, S0M 2J0
R.M. 471, Eldon	Vernon Smith, Maidstone, S0M 1M0
-Maidstone (Town)	Lawrence Meier, Box 270, Maidstone, S0M 1M0
-Waseca (Village)	Brenda Sutherland, Waseca, S0M 3A0
R.M. 472, Wilton	Leona Beamish, Box 508, Lloydminster, S9V 0Y6
-Lashburn (Town)	Marilyn Donald, Box 171, Lashburn, S0M 1H0
-Marshall (Village)	Sylvia Broley, Marshall, S0M 1R0
R.M. 502, Britannia	James M. Oliver, R.R.#2, Lloydminster, S9V 0X7

TURTLEFORD HEALTH DISTRICT #5

Municipalities	Municipal Health Representatives
R.M. #469 Turtle River	Owen Jones, Vawn, S0M 0V0
-Edam (Village)	Robert Anderson, Box 15, Edam, S0M 0V0
-Vawn (Village)	Maurice Duhaime, Box 54, Vawn, S0M 2Z0
R.M. 499, Mervin	Annie Funk, Box 128, Spruce Lake, S0M 2W0
-Mervin (Village)	John T. Otteson, Box 44, Mervin, S0M 1Y0
-Turtleford (Town)	Ted Phillips, Box 129, Turtleford, S0M 2Y0
-Spruce Lake (Village)	Sharon Mork, Box 412, Turtleford, S0M 2Y0
-Kivimaa-Moonlight Bay (Resort Village)	Del Lapp, Box 120, Livelong, S0M 1J0
R.M. 501, Frenchman Butte	J. Baptiste Larre, Box 235, St. Walburg, S0M 2T0
-St. Walburg, (Town)	Josephine Prosser, Box 400, St. Walburg, S0M 2T0
-Paradise Hill (Village)	Larry Harland, Paradise Hill, S0M 2G0

MEADOW LAKE HEALTH DISTRICT #6

Municipalities	Municipal Health Representatives
R.M. 561, Loon Lake	Alison Warner, Box 22, Makwa, S0M 1N0
-Loon Lake (Village)	Harry J. Kostuik, Loon Lake, S0M 1L0
-Makwa (Village)	Alcide Masson, Box 22, Makwa, S0M 1N0
R.M. 588, Meadow Lake	Chester Olson, Box 156, Meadow Lake, S0M 1V0
-Meadow Lake (Town)	John Broadley, Box 988, Meadow Lake, S0M 1V0
R.M. 622, Beaver River	Siegfried Bansch, Goodsoil, S0M 1A0
-Goodsoil (Village)	Mary Slager, Goodsoil, S0M 1A0
-Green Lake (Northern Village)	Jim Laliberte, Box 93, Green Lake, S0M 1B0
-Pierceland (Village)	Marlene Pikowicz, Pierceland, S0M 2K0

LLOYDMINSTER CITY HEALTH DISTRICT #7

Municipalities	Municipal Health Representatives
Lloydminster (City)	Mayor P. Gulak, c/o 5011-49th St, Lloydminster S9V 0T8 Rod Pillman c/o 5011 - 49th Ave, Lloydminster S9V 0T8 Herb Flieger, 5635-46 St. Lloydminster, T9V 0E6 Barb Foster c/o 5011-49 Ave., Lloydminster S9V 0T8 Ilston Plant c/o 5011-49 Ave., Lloydminster, S9V 0T8 B. Kondro, c/o 5011-49 Ave., Lloydminster S9V 0T8 J. Rooks, c/o 5011-49 Ave., Lloydminster S9V 0T8

MEDICAL HEALTH OFFICER

Around 1850, London was experiencing a terrible outbreak of cholera. There appeared no end to the misery, suffering and death that afflicted infants, children and adults in devastating numbers. Most of the inhabitants understandably focused their attention and used their resources to look after the sick and to bury the dead. Most, except for one brave and thoughtful man who dared to look at sickness and tragedy in a different way.

John Snow must have said to himself "there is something basically wrong here, and maybe I could fix it".

He had nothing more than pencil and paper when he went from house to house asking two simple questions: Does anyone in this house suffer from cholera? Which pump do you get your drinking water from?

When he added up his numbers, he found that people who got water from the Southwark Pump and the Vauxhall Pump also got cholera. Others did not.

John Snow went to the Southwark and the Vauxhall pumps, removed their pump handles and cured the City of London of cholera. No one then knew anything about "germs" as a cause of disease.

Jenner did a similar thing when he introduced smallpox vaccination in 1797. He predicted also that the universal use of the vaccine would one day eliminate smallpox from the face of the earth. He was right, but it took mankind 200 years to do so. Both Snow and Jenner drew attention to what was happening in the community, and what they could do in their community and for mankind.

The call for improved sanitation and for vaccination has been answered in the developed world and is responsible for much of the benefits we now enjoy in longevity and improvements in the quality of life.

Today, as Medical Health Officer for this Region, I want to tell you that while the battle against infectious diseases in not over, we have to take an even broader view of health and disease than John Snow and Jenner did. Increasingly, we find that the causes of disease and death which now plague our society are related to our lifestyle; that is, the poor choices we make in the way we live and the social, economic and political conditions that govern our lives.

Communities must be at the forefront in working out strategies best suited to their needs in meeting the challenges ahead. Many governments are recognizing the need for change and reform and our new government is no exception. We are being encouraged as communites to work out strategies that would place the authority for health within the community.

The recent "Health of the Nation" document may provide useful guidelines by the following statement:

Reforms have established that the prime role of health authorities is an explicit responsibility for the health of their residents. Their job, as "champions of the people" is three fold:

First, to assess the state of health of the people they serve

Second, to obtain the services needed to ensure effective action is taken to maintain good health, prevent and treat ill health, rehabilitate people to good health, and provide support and care for those who are disabled, chronically ill or dying.

Third, to ensure the quality and effectiveness -- including cost effectiveness -- of the services their residents use.

The job of a Medical Health Officer is to provide support for these endeavors and reforms which must take place.

Let me deal with the first job: "To address the state of health of the people we serve"

Current statistics show that we are one million people in the Province of Saskatchewan; 90,000 in the North Battleford Region (NBR); and, 38,000 in the Rosetown Region (RT). Strong contrasts exist in the ethnic, social and economic structure of the Regions. Registered Indian people make up 6% of the Saskatchewan population; 12%, live in the NBR. 18% of the NBR population consist of Registered Indian people. There are no Registered Indian people in the Rosetown Region.

Does this difference require health authorities to develop different strategies in each community? Let me quote from the Yeates Review Committee Report (77/78 - 85/86) community on the number of days spent in hospital per capita by patient residents.

"Days per capita for status Indians were more than double the Provincial average in 85/86. This was due to a much higher separation rate: 534.1 compared to 313.0 separations per 1,000 population for the Province. Days per separation in 85/86 were 7.7, somewhat below the Provincial average".

"Relative to the Provincial population, status Indians used 59.2% more G.P. services and showed 165.7% more acute-hospital care separations per 1,000 population. Their rates for surgical procedures also tended to differ: about 55% more cholecysectomies; 82% more Caesarian sections; 89% fewer total hip replacements and 42% fewer hysterectomies."

Elizabeth Wagner, a medical student, was supported by a grant from the University of Saskatchewan when she spent last summer assembling data on the utilization of Emergency Services at the Battlefords Union Hospital. She has data to indicate that frequency of use and type of complaints presented by different groups of people in our social mix require that we adopt different approaches to the prevention of disease and health promotion, as they apply to each community.

We know that the incidence of diabetes mellitus, for instance, is increasing in several native populations in North America. We know that adult diabetes mellitus is largely a preventable disease. We know that treating diabetes is costly, and that complications lead to severe disabilities. Yet, we cannot tell you the extent of this preventable disease in our population.

The population of persons over age 65 is increasing and this has been a source of concern with respect to the expenditure explosion. Much of the increase in utilization of health-care services has been attributed solely to the aging population. There is increasing evidence, however, that while in the future, the aging population will significantly add to expenditures, current trends of increasing utilization cannot be attributed mainly to the change in age of the population. Some investigators, including the Yeates committee, have been at pains to point out the "fallacy" of this indictement, because it obscures other causes we need to investigate and to deal with more urgently and which indeed, might be amenable to prevention. It may well be that as we gain confidence with our community, attitudes of wellness can be infused sufficiently well to avoid utilization of costly health-care facilities.

Saskatchewan people enjoy a high standard of living and average longevity is greater than in any other province, 80 years in females and 74 in males. The 15 year span from '71 to '86 showed a gain of three years in life expectancy, at birth. But in some important ways we are falling back. Up to 1989, the perinatal death rate (PDR) and the infant death rates (IDR) had decreased every year to 7.01 and 5.63 from 10.70 and 11.34 in 1985. In 1992, perinatal death rates were recorded at 14.6 and the infant death date 11.04 for the North Battleford Region; in contrast, the PDR and IDR were 8.5 and 6.4 for the Rosetown Region, and 7.64 and 7.67 for the Provincial averages. Changes observed in the perinatal and infant mortality rates in the NBR are disturbing because these rates have been decreasing in Canada as a whole.

There are no better indices we can use for telling how effective we have been in the care of pregnant women (prenatal and postnatal care) and their infants than PDR and IDR. Equally dismal statistics are shared by the Prince Albert Region and Northern Saskatchewan.

Teenage pregnancies are increasingly receiving the concerns they deserve because they are accompanied often by poor socio-economic conditions and poor education. Infants born to teenage mothers create cycles of proverty and poor education which persist. In Sk. as a whole, 11% of those who gave birth to live babies - 1,690 - were under 19 years of age. 6% of these babies were underweight. The proportion of underweight babies not only provides an index of decreased survivability, but also indicate the extent to which expensive hospital facilities might be utilized. Of those in the NBR, 13% were born of teenaged mothers, in contrast to 5% in Rosetown and 27% in Northern Saskatchewan.

We can highlight the principal causes of death in Saskatchewan people by summarizing the statistics as in Table 1. Roughly 3/4 of the people who died in the Province suffered from either cancer, ischemic heart disease or respiratory disease. The single most important cause of these diseases is inhaled cigarette smoke. The statement then that cigarette smoking is the

single most preventable cause of disease applies well to the Province as a whole. What we eat also determines to a large extent whether we will increase our risk for acquiring cancer of the gastrointestinal tract. The cancers of the respiratory and digestive system are about equal in death rates in most locations, except Northern Saskatchewan (NSK). It is worthy of note also that NSK has about twice the rate of cancer of the lung compared to SK as a whole. Accidents replace ischemic heart disease as being one of the three most important causes of death. And, the incidence of stroke is lower (4%) than the Provincial average of about 8%. However, while 20% of the people who die in SK. are under the age of 65, 57% of the deaths in NSK occur before age 65, many from motor vehicle accidents and suicide.

Even the same mode of death may have different causes in different locations. Thus suicides occur mainly among the young in NSK, but in Rosetown and North Battleford occur bimodally among the very young and the old.

We have been successful in many ways in dealing with infectious disease; new and more potent vaccines are being introduced and our success in coping with outbreaks of mumps, whooping cough and rubella speak well for the traditional approaches and advances in medical technology. But, we are losing ground in an important area. Tuberculosis is becoming more common and the major problem facing T.B. control is the growing resistance of organisms to multiple antibiotics. That some tubercle baccili are completely resistant to all the antibiotics we have is not encouraging. Our failure to cope with increasing threats from this disease is shown by current statistics which indicate we have at least eight times more cases of tuberculosis in the Province today than we had 10 years ago. Although the incidence in the general population is 8 - 10/100,000, it is 20/100,000 in the 65+ population, and more than 150/100,000 in the native population. We are spending less today (about $8,000/case) on T.B. control, than we did in 1965, when we spent $25,000/case. We have a resevoir of unrecognized cases and we are not coping well with "non-compliance" of patients who do not take their medicines as suggested. As a society we are being asked increasingly to address this problem. In what way, we may ask? The experts tell us that trying to find new drugs may increase hope, but it is not the answer, as long as non-compliance is the major problem facing us in T.B. control.

Should we be surprised then, when the experts now tell us that the best way forward is to try to achieve compliance; education can help, but only in a very limited way. What works best is "caring". The depressed tuberculous patient responds to caring. "I don't care what you know, I won't take the medicine if you don't care" is what one patient was heard to tell his doctor. Recruitment, loyalty, relationships and support -- once neglected words are being called upon again, not technology. All indications point to the need for us as a community to work together in facing the many health issues, so many of which are related to lifestyle abuses, disruptions of our environment, neglecting the social and spiritual qualities of life.

Let me point out how the traditional statistics we have used sometimes overlook important health events in our society. "Assaults by husband, ex-husbands cause more injuries to women than motor vehicle accidents, rape and muggings combined. Health officials estimate that each year more than 4

million women are battered and more than 4,000 are killed by such close "intimate assaults" in North America. Yet public health initiatives for preventing violence against women and helping women and children entrapped by violence are sadly lacking".

Many public health workers maintain that complex environmental factors are pre-eminent determinants of women's health. Should we be looking only at central authorities to bring about change? That would be unrealistic; it would be ducking our responsibility as a community not to take note in the first place and ignoring the need to pull together the forces: physical, mental and spiritual, that we need to bring about changes in the quality of humanity we offer each other.

"Women live in households, communities and cities, and in times, places and circumstances that spell health or disease, life or death, with greater certainty than access to health care".

As Medical Officer of Health, I have often wondered if my function could not be more realistically served by being notified of assaults, rapes, farm accidents and child abuse than of infectious disease.

Without denying the importance of "access to health care, reproductive choices, and screening procedures or that dietary factors, exercise and related behaviours are necessary to maintain health, we need to acknowledge the predominance of social, economic and cultural determinants". Municipal Health Representatives can help us to change our focus, and to broaden our vision of health.

To gain a better perspective of the public health status in SK, it has helped me often to focus on the Rosetown Region. Rosetown is a farm community. From statistics available in a few jurisdictions in North America, we know that farming, construction and mining rank among three occupations which carry the highest risk of injury and death. We know that tractor accidents are the most common cause of adult and child - mortality in the farm communities. Power take-off and auger injuries are frequently responsible for amputation of arms and legs in children and adults. Yet, because only two percent of farmers are insured by Workers' Compensation, we do not have reliable statistics on farm injuries. As a result, it becomes difficult to create focused programs for prevention of these injuries.

At the recent International Conference on Agricultural Health and Safety held in Saskatoon, I presented the results of hearing loss in farmers in the Wakaw district. The results indicate that serious hearing loss occurs in farmers. We drew attention to the isolation and depression this disability introduces into the life of the older farmer. Early recognition of problems is one way we could prevent deafness from occurring. We need to explore this and other conditions which might be unique or predominant in farmers.

Figure 1, lists a number of factors which are probable sources of injury to the farm family.

In all our endeavors have we made any progress? Yes, we have: the incidence

of ischemic heart disease has been falling steadily over the past 20 years, the incidence of cancer of the stomach has decreased. More people are wearing seat belts and traffic injuries are correspondingly less, both in numbers and severity. The rate of cancer of the lung follows a decrease in cigarette smoking.

But why are so many young women smoking? Less women have stopped smoking and more young females are taking up the habit; the incidence of cancer of the lung is rising steeply, now exceeding the rate of cancer of the breast. Figure 2 provides a dramatic illustration of these trends. We have to try harder with young women who smoke and young men who drive drunk on weekends. They are killing themselves and breaking too many hearts.

Perhaps, it is time for us to take another look at where we are going.

The programs we have conducted in the Battleford Region have been superbly managed by our program directors; those who have been here for some time: Gwen Johnstone, John Johnson, Shelly Hagen, have continued to adapt to change and offer efficient services. Each PHN and PHI has been dedicated in their work. We have welcomed Darren Berg and Dr. Jim Hyche who have already made significant marks on our horizon. The support staff led by Gord Terry and Carla Pattinson and their staff have done well to hold our programs together, to create a pleasant working environment, and to keep us all solvent and safe from bureaucratic reproach.

Every member of the staff has strived to establish healthy, pleasant and professional working relationships with our Municipal Health Representatives, with government organizations and non-government organizations in this region. We have enjoyed a superb working relationship with our Board and particularly with our Chairman, Vern Schaab.

We wish to thank everyone for their faithful support of our causes during the year.

Michael R. Reesal, M.D.
Regional Director and Medical Health Officer

Figure 1

SOURCES OF INJURY ON FARMS

Accidents

Automobile

Machinery

Pesticides

Gases

Noise

Vibration

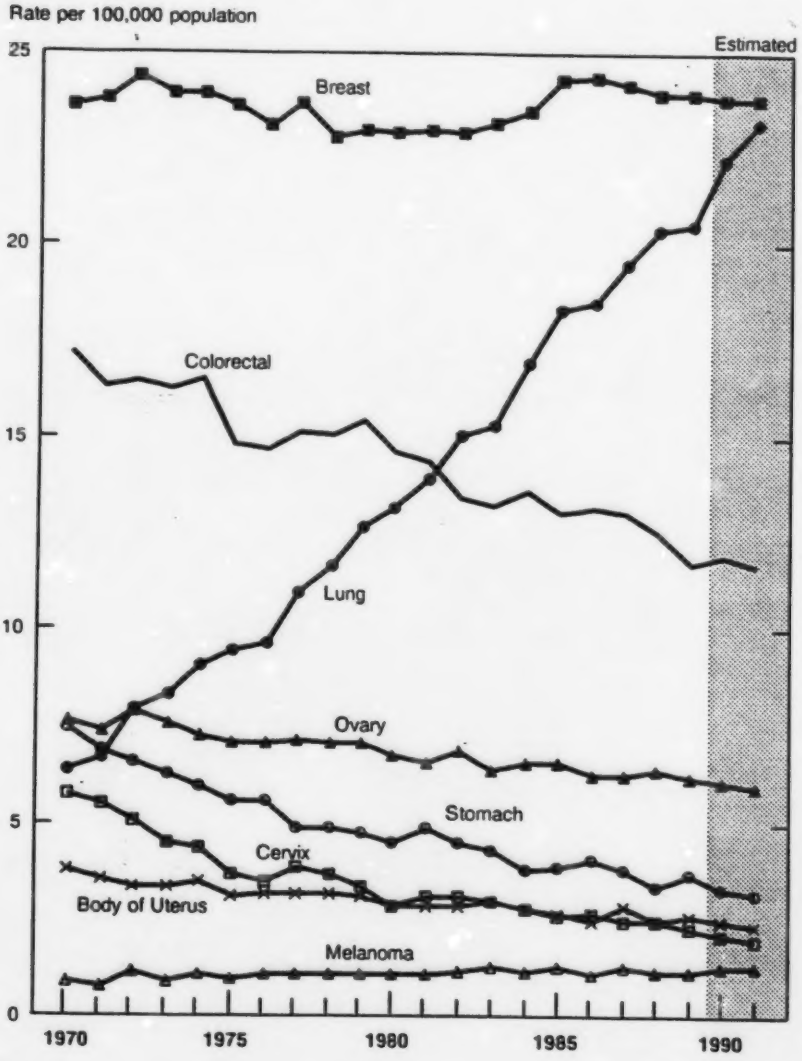
Poor Quality Drinking Water

Animal Medicinals

Stress

Figure 2

Age-Standardized Mortality Rates for Selected Cancer Sites, Females, Canada



Note: *Rates are adjusted to the age distribution of the world population.*
Source: *Canadian Centre for Health Information, Statistics Canada.*

Table 1
Percent Death in each Population

	SK	RT	NB	NSK
All Malignant Cancers	25.1	24	23	22.5
Digestive	6.8	6.6	5.7	1.7
Respiratory	6.1	5.1	5.4	10.8
Genitourinary	4.4	3.6	4.5	4.2
Lymph & Haemopoietic	2.5	3.3	2.6	--
Ischemic Heart Disease	22.9	22.7	22.5	10.8
All Respiratory and Pulmonary Heart Disease	22.2	23.9	23.9	25.8
All Accidents	7.2	6.6	8	26.7
MVA	2.4	3.3	3.1	12.5
Suicide	1.5	1.5	1.8	5.8
Homicide	0.2	0	0	2.5
Cancer	6.1	5.1	5.4	10.8
Pulmonary Heart Disease	7.3	8.5	6.9	4.2
Respiratory System	8.9	10.3	11.6	10.8

Suicide % in each Population

	SK		RT		NB		NSK	
	M	F	M	F	M	F	M	F
Ages <24	18	4	40	0	36	18	57	14
25-44	32	11	20	0	9	0	0	14
45-75+	30	5	40	0	36	0	14	0
Total Number	98	24	5	0	9	2	5	2
	122		5		11		7	

SK - Province of Saskatchewan
RT - Rosetown Health Region
NB - North Battleford Health Region
NSK - Northern Saskatchewan Health Region
MVA - Motor Vehicle Accidents

TOTAL NUMBER OF VITAL EVENTS OCCURRING IN SASKATCHEWAN IN 1991
BY HEALTH REGION

Table 2

HEALTH REGION	BIRTHS	DEATHS	INFANT DEATHS	NEONATAL DEATHS	PERINATAL DEATHS	STILL BIRTHS	INFANT DEATH RATE	PERINATAL DEATH RATE
TOTAL FOR PROVINCE	15249	8053	117	70	117	61	7.67	7.64
# 1 SWIFT CURRENT	445	389	2	1	2	1	4.49	4.48
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	830	618	3	2	5	3	3.61	6.00
# 3 WEYBURN-ESTEVAN	583	480	3	1	1	1	5.15	1.71
# 5 REGINA RURAL	782	602	5	2	4	2	6.39	5.10
# 7 ROSETOWN-BIGGAR-KINDERSLEY	471	331	3	2	4	2	6.37	8.46
# 8 SASKATOON RURAL	672	286	5	4	6	3	7.44	8.89
#10 YORKTON-MELVILLE	777	779	7	3	4	3	9.01	5.13
#11 MELFORT-TISDALE	814	671	8	4	8	4	9.83	9.78
#12 PRINCE ALBERT	1359	644	20	8	12	5	14.72	8.80
#13 NORTH BATTLEFORD	1359	610	15	10	20	11	11.04	14.60
CITY OF REGINA	2901	1187	20	14	20	8	6.89	6.88
CITY OF SASKATOON	3136	1203	17	14	20	11	5.42	6.36
NORTHERN SASKATCHEWAN	713	120	8	4	9	6	11.22	12.52
OUT OF PROVINCE	407	133	1	1	2	1	2.46	4.90

Table 3

NUMBER OF BIRTHS
OCCURRING IN SASKATCHEWAN IN 1991
BY MOTHER'S AGE, MARITAL STATUS AND BIRTH WEIGHT

		<2500 GRAMS	2500+ GRAMS	TOTAL	PERCENT <2500
TOTAL	TOTAL	765	14484	15249	5.0
	MARRIED	465	10198	10663	4.4
	OTHER	300	4286	4586	6.5
10-14	TOTAL	1	31	32	3.1
	OTHER	1	31	32	3.1
15-19	TOTAL	100	1558	1658	6.0
	MARRIED	13	144	157	8.3
	OTHER	87	1414	1501	5.8
20-24	TOTAL	184	3497	3681	5.0
	MARRIED	81	1943	2024	4.0
	OTHER	103	1554	1657	6.2
25-29	TOTAL	257	5286	5543	4.6
	MARRIED	195	4467	4662	4.2
	OTHER	62	819	881	7.0
30-34	TOTAL	166	3148	3314	5.0
	MARRIED	133	2804	2937	4.5
	OTHER	33	344	377	8.8
35-39	TOTAL	49	876	925	5.3
	MARRIED	37	770	807	4.6
	OTHER	12	106	118	10.2
40-44	TOTAL	8	87	95	8.4
	MARRIED	6	70	76	7.9
	OTHER	2	17	19	10.5
45-49	TOTAL	0	1	1	0.0
	OTHER	0	1	1	0.0

NUMBER OF BIRTHS OCCURRING IN SASKATCHEWAN IN 1991
BY MOTHER'S AGE, MARITAL STATUS AND HEALTH REGION

Table 4

		TOTAL	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+
TOTAL FOR PROVINCE	TOTAL	15249	32	1658	3681	5543	3314	925	95	1
	MARRIED	10663		157	2024	4662	2937	807	76	
	OTHER	4586	32	1501	1657	881	377	118	19	1
# 1 SWIFT CURRENT	TOTAL	445		32	92	180	109	30	2	
	MARRIED	374		2	73	166	103	28	2	
	OTHER	71		30	19	14	6	2		
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	TOTAL	830		68	197	324	198	36	7	
	MARRIED	664		10	128	308	184	30	4	
	OTHER	166		58	69	16	14	6	3	
# 3 WEYBURN-ESTEVAN	TOTAL	583	1	49	129	259	106	34	5	
	MARRIED	466		7	97	227	101	29	5	
	OTHER	117	1	42	32	32	5	5		
# 5 REGINA RURAL	TOTAL	782	4	86	187	298	157	44	6	
	MARRIED	555		4	109	258	139	39	6	
	OTHER	227	4	82	78	40	18	5		
# 7 ROSETOWN-BIGGAR-KINDERSLEY	TOTAL	471		24	91	193	126	31	6	
	MARRIED	400		4	65	177	119	29	6	
	OTHER	71		20	26	16	7	2		
# 8 SASKATOON RURAL	TOTAL	672	2	32	132	280	171	51	4	
	MARRIED	597		6	110	263	168	46	4	
	OTHER	75	2	26	22	17	3	5		
#10 YORKTON-MELVILLE	TOTAL	777		74	170	310	167	50	6	
	MARRIED	596		7	105	275	159	44	6	
	OTHER	181		67	65	35	8	6		
#11 MELFORT-TISDALE	TOTAL	814		75	198	321	158	58	4	
	MARRIED	648		18	139	290	144	53	4	
	OTHER	166		57	59	31	14	5		
#12 PRINCE ALBERT	TOTAL	1359	5	227	393	428	237	59	10	
	MARRIED	755		19	177	312	189	53	5	
	OTHER	604	5	208	216	116	48	6	5	
#13 NORTH BATTLEFORD	TOTAL	1359	1	174	387	470	251	75	1	
	MARRIED	832		16	190	371	198	56	1	
	OTHER	527	1	158	197	99	53	19		
CITY OF REGINA	TOTAL	2901	6	301	676	1046	672	176	23	1
	MARRIED	1984		28	335	861	593	149	18	
	OTHER	917	6	273	341	185	79	27	5	1
CITY OF SASKATOON	TOTAL	3136	4	286	676	1124	792	236	18	
	MARRIED	2274		24	377	940	708	213	12	
	OTHER	862	4	262	299	184	84	23	6	
NORTHERN SASKATCHEWAN	TOTAL	713	8	191	260	139	88	25	2	
	MARRIED	206		6	62	59	58	19	2	
	OTHER	507	8	185	198	80	30	6		

NUMBER OF ACCIDENTAL DEATHS
OCCURRING IN SASKATCHEWAN IN 1991
BY EXTERNAL CAUSE AND INTERNAL CAUSE

Table 5

EXTERNAL CAUSE OF DEATH	INTERNAL CAUSE -47-	-48-	-49-	-50-	-51-	-52-	-53-	-54-	-55-	-56-	TOTAL
ALL CAUSES OF DEATH	144	1	144	44	16	15	61	14	119	4	562
E47 TRANSPORT ACCIDENTS	62	1	79	5	1	8			37		193
E48 ACCIDENTAL POISONING			1		2		11				14
E49 MISADVENTURES DURING MEDICAL CARE								14			14
E50 ACCIDENTAL FALLS	62		20	1					3		86
E51 ACCIDENTS CAUSED BY FIRES & FLAMES						5	12				17
E52 OTHER ACCIDENTS,LATE EFFECTS	9		15	3	12	1	2		40	4	86
E54 SUICIDE AND SELF-INFLICTED INJURY	6		18	28			30		37		119
E55 HOMICIDE & INTENTIONAL INJURY	3		9	6					1		19
E56 OTHER VIOLENCE	2		2	1	1	1	6		1		14

CODES FOR INTERNAL CAUSE OF DEATHS:

47 FRACTURES
48 DISLOCATIONS,SPRAINS,STRAINS
49 INTRACRANIAL,INTERN INJURY, NERVES
50 OPEN WOUNDS, INJURY TO BLOOD VESSELS
51 EFFECTS/BODY ENTERING THRU ORIFICE
52 BURNS
53 POISONINGS & TOXIC AGENTS
54 COMPL /MEDICAL & SURGICAL CARE
55 OTHER INJURIES
56 EFFECTS OF INJURY,POISONS,TOXICITY

Table 6
NUMBER OF DEATHS BY CAUSE
OCCURRING IN SASKATCHEWAN IN 1991

CAUSE OF DEATH	DEATHS	PERCENT OF DEATHS	CRUDE RATE
ALL CAUSES OF DEATH	8053	100.0	807.9
01 INTESTINAL INFECTIOUS DISEASES	2	0.0	0.2
02 TUBERCULOSIS	2	0.0	0.2
03 OTHER BACTERIAL DISEASES	23	0.3	2.3
04 VIRAL DISEASES	19	0.2	1.9
07 OTHER INFECTIOUS,PARASITIC DISEASES	7	0.1	0.7
08 M N OF LIP,ORAL CAVITY,PHARYNX	25	0.3	2.5
09 M N OF DIGESTIVE ORGANS,PERITONEUM	551	6.8	55.3
10 M N OF RESPIRATORY & RELATED ORGANS	491	6.1	49.3
11 M N OF BONE,SKIN,BREAST	224	2.8	22.5
12 M.N. OF GENITOURINARY ORGANS	352	4.4	35.3
13 M N OF OTHER & UNSPECIFIED SITES	176	2.2	17.7
14 M N OF LYMPH & HAEMOPOIETIC TISSUE	200	2.5	20.1
15 BENIGN NEOPLASM	8	0.1	0.8
17 OTHER & UNSPECIFIED NEOPLASM	31	0.4	3.1
18 ENDOCRINE & METABOLIC DISEASES	208	2.6	20.9
19 NUTRITIONAL DEFICIENCIES	3	0.0	0.3
20 DIS OF BLOOD/FORMING ORGANS	41	0.5	4.1
21 MENTAL DISORDERS	93	1.2	9.3
22 DISEASES OF THE NERVOUS SYSTEM	226	2.8	22.7
25 RHEUMATIC FEVER/HEART DISEASE	44	0.5	4.4
26 HYPERTENSIVE DISEASE	52	0.6	5.2
27 ISCHAEMIC HEART DISEASE	1846	22.9	185.2
28 PULMONARY & OTHER HEART DISEASE	584	7.3	58.6
29 CEREBROVASCULAR DISEASE	664	8.2	66.6
30 OTHER DISEASES OF CIRCULATORY SYSTEM	243	3.0	24.4
31 DISEASES OF UPPER RESPIRATORY TRACT	4	0.0	0.4
32 OTHER DISEASES OF RESPIRATORY SYSTEM	720	8.9	72.2
33 ORAL CAVITY,SALIVARY GLANDS,JAWS	1	0.0	0.1
34 OTHER PARTS OF DIGESTIVE SYSTEM	308	3.8	30.9
35 DISEASES OF URINARY SYSTEM	136	1.7	13.6
36 DISEASES OF MALE GENITAL ORGANS	7	0.1	0.7
37 DISEASES OF FEMALE GENITAL ORGANS	1	0.0	0.1
40 INDIRECT OBSTETRIC CAUSES	1	0.0	0.1
42 DISEASES OF SKIN	6	0.1	0.6
43 MUSCULOSKELETAL & CONNECTIVE TISSUE	35	0.4	3.5
44 CONGENITAL ANOMALIES	56	0.7	5.6
45 CONDITIONS IN PERINATAL PERIOD	36	0.4	3.6
46 SYMPTOMS & ILL-DEFINED CONDITIONS	59	0.7	5.9
E47 TRANSPORT ACCIDENTS	195	2.4	19.6
E48 ACCIDENTAL POISONING	14	0.2	1.4
E49 MISADVENTURES DURING MEDICAL CARE	14	0.2	1.4
E50 ACCIDENTAL FALLS	86	1.1	8.6
E51 ACCIDENTS CAUSED BY FIRES & FLAMES	17	0.2	1.7
E52 OTHER ACCIDENTS,LATE EFFECTS	86	1.1	8.6
E54 SUICIDE AND SELF-INFLICTED INJURY	122	1.5	12.2
E55 HOMICIDE & INTENTIONAL INJURY	19	0.2	1.9
E56 OTHER VIOLENCE	15	0.2	1.5

Table 7

NUMBER OF DEATHS BY CAUSE, AGE GROUP AND SEX
OCCURRING IN SASKATCHEWAN IN 1991

	TOTAL	ALL AGES		< 15		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES OF DEATH	8,053	4,491	3,562	103	69	100	35	214	123	674	379	1,043	617	2,357	2,339
01 INTESTINAL INFECTIOUS DISEASES	2	1	1	0	0	0	0	0	0	0	-0	0	0	1	1
02 TUBERCULOSIS	2	1	1	0	0	0	0	0	0	0	1	0	0	1	0
03 OTHER BACTERIAL DISEASES	23	14	9	0	1	0	0	0	0	0	2	3	2	11	4
04 VIRAL DISEASES	19	14	5	0	0	0	0	10	2	2	0	0	1	2	2
07 OTHER INFECTIOUS,PARASITIC DISEASES	7	6	1	0	0	0	0	0	0	1	0	2	0	3	1
08 M N OF LIP,ORAL CAVITY,PHARYNX	25	16	9	0	0	0	0	0	1	4	1	6	4	6	3
09 M N OF DIGESTIVE ORGANS,PERITONEUM	551	323	228	1	0	0	0	9	3	66	39	98	56	149	130
10 M N OF RESPIRATORY & RELATED ORGANS	491	340	151	0	0	0	0	5	6	94	52	133	59	108	34
11 M N OF BONE,SKIN,BREAST	224	29	195	0	0	2	0	1	12	4	54	9	56	13	73
12 M.N. OF GENITOURINARY ORGANS	352	245	107	1	0	1	0	3	6	39	30	54	24	147	47
13 M N OF OTHER & UNSPECIFIED SITES	176	100	76	2	1	2	0	4	2	24	19	30	26	38	28
14 M N OF LYMPH & HAEMOPOIETIC TISSUE	200	122	78	2	1	2	0	7	5	24	13	31	21	56	38
15 BENIGN NEOPLASM	8	3	5	0	0	0	0	0	0	1	0	0	2	2	3
17 OTHER & UNSPECIFIED NEOPLASM	31	17	14	1	1	0	0	2	2	5	4	3	1	6	6
18 ENDOCRINE & METABOLIC DISEASES	208	109	99	1	1	0	0	4	3	16	12	20	19	68	64
19 NUTRITIONAL DEFICIENCIES	3	0	3	0	0	0	0	0	0	0	0	0	1	0	2
20 DIS OF BLOOD/FORMING ORGANS	41	20	21	1	1	0	0	2	0	1	1	4	2	12	17
21 MENTAL DISORDERS	93	47	46	0	0	0	0	3	3	6	1	7	4	31	38
22 DISEASES OF THE NERVOUS SYSTEM	226	124	102	5	2	3	2	7	9	18	10	27	10	64	69
25 RHEUMATIC FEVER/HEART DISEASE	44	13	31	0	0	0	0	0	0	4	5	5	9	4	17
26 HYPERTENSIVE DISEASE	52	18	34	0	0	0	0	1	0	1	2	1	3	15	29
27 ISCHAEMIC HEART DISEASE	1,846	1,067	779	0	0	0	1	12	3	167	30	281	119	607	626
28 PULMONARY & OTHER HEART DISEASE	584	278	306	1	0	3	2	7	3	26	11	63	37	178	253
29 CEREBROVASCULAR DISEASE	664	281	383	0	2	0	3	8	3	12	22	52	45	209	308
30 OTHER DISEASES OF CIRCULATORY SYSTEM	243	138	105	1	0	0	0	1	2	15	4	24	20	97	79
31 DISEASES OF UPPER RESPIRATORY TRACT	4	3	1	1	0	0	0	0	0	0	0	1	1	1	0
32 OTHER DISEASES OF RESPIRATORY SYSTEM	720	444	276	9	7	1	2	5	6	31	13	87	44	311	204
33 ORAL CAVITY,SALIVARY GLANDS,JAWS	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0
34 OTHER PARTS OF DIGESTIVE SYSTEM	308	151	157	1	2	1	1	6	6	38	16	45	20	60	112
35 DISEASES OF URINARY SYSTEM	136	72	64	1	0	0	1	1	2	2	5	9	4	59	52
36 DISEASES OF MALE GENITAL ORGANS	7	7	0	0	0	0	0	0	0	0	0	1	0	6	0
37 DISEASES OF FEMALE GENITAL ORGANS	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
40 INDIRECT OBSTETRIC CAUSES	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0
42 DISEASES OF SKIN	6	4	2	0	0	0	0	0	0	0	0	0	0	4	2
43 MUSCULOSKELETAL & CONNECTIVE TISSUE	35	13	22	0	0	0	0	1	1	3	3	3	4	6	14
44 CONGENITAL ANOMALIES	56	34	22	27	18	0	0	0	1	0	1	3	1	4	1
45 CONDITIONS IN PERINATAL PERIOD	36	20	16	20	16	0	0	0	0	0	0	0	0	0	0
46 SYMPTOMS & ILL-DEFINED CONDITIONS	59	28	31	14	5	0	0	1	0	0	1	2	1	11	24
E47 TRANSPORT ACCIDENTS	195	136	59	8	4	44	16	43	15	22	10	8	7	11	7
E48 ACCIDENTAL POISONING	14	9	5	0	0	0	0	5	2	2	3	1	0	1	0
E49 MISADVENTURES DURING MEDICAL CARE	14	5	9	1	0	0	0	0	0	0	2	0	2	4	5
E50 ACCIDENTAL FALLS	86	43	43	0	0	2	0	2	1	2	1	4	7	33	34
E51 ACCIDENTS CAUSED BY FIRES & FLAMES	17	11	6	0	3	1	1	2	0	4	1	1	0	3	1
E52 OTHER ACCIDENTS,LATE EFFECTS	86	64	22	5	4	11	1	13	2	14	4	11	3	10	8
E54 SUICIDE AND SELF-INFLICTED INJURY	122	98	24	0	0	22	5	39	13	20	4	13	1	4	1
E55 HOMICIDE & INTENTIONAL INJURY	19	12	7	0	0	3	0	4	6	4	0	1	0	0	1
E56 OTHER VIOLENCE	15	10	5	0	0	2	0	6	2	2	2	0	1	0	0

Table 8

NUMBER OF DEATHS BY CAUSE, AGE GROUP AND SEX
OCCURRING IN SASKATCHEWAN IN 1991
FOR HEALTH REGION #13 NORTH BATTLEFORD

	TOTAL	ALL AGES		< 15		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES OF DEATH	610	357	253	13	7	20	5	13	6	50	27	76	36	185	172
03 OTHER BACTERIAL DISEASES	2	2	0	0	0	0	0	0	0	0	0	1	0	1	0
04 VIRAL DISEASES	2	2	0	0	0	0	0	0	0	1	0	0	0	1	0
08 M N OF LIP,ORAL CAVITY,PHARYNX	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
09 M N OF DIGESTIVE ORGANS,PERITONEUM	35	17	18	0	0	0	0	0	0	4	3	5	4	8	11
10 M N OF RESPIRATORY & RELATED ORGANS	33	27	6	0	0	0	0	0	0	7	2	9	2	11	2
11 M N OF BONE,SKIN,BREAST	12	1	11	0	0	0	0	0	1	0	4	0	2	1	4
12 M.N. OF GENITOURINARY ORGANS	28	24	4	0	0	0	0	0	1	4	1	5	1	15	1
13 M N OF OTHER & UNSPECIFIED SITES	15	11	4	1	0	1	0	0	0	2	1	4	2	3	1
14 M N OF LYMPH & HAEMOPOIETIC TISSUE	16	10	6	0	0	1	0	1	1	1	1	3	0	4	4
18 ENDOCRINE & METABOLIC DISEASES	14	9	5	1	0	0	0	0	0	2	1	1	1	5	3
20 DIS OF BLOOD/FORMING ORGANS	2	2	0	0	0	0	0	1	0	1	0	0	0	0	0
21 MENTAL DISORDERS	6	3	3	0	0	0	0	0	0	1	1	2	1	0	1
22 DISEASES OF THE NERVOUS SYSTEM	23	11	12	0	1	0	1	2	0	2	1	1	1	6	8
25 RHEUMATIC FEVER/HEART DISEASE	2	1	1	0	0	0	0	0	0	0	1	0	0	1	0
26 HYPERTENSIVE DISEASE	3	2	1	0	0	0	0	1	0	0	0	0	1	1	0
27 ISCHAEMIC HEART DISEASE	137	78	59	0	0	0	0	2	0	8	2	21	12	47	45
28 PULMONARY & OTHER HEART DISEASE	42	21	21	0	0	1	0	1	0	1	1	4	2	14	18
29 CEREBROVASCULAR DISEASE	37	10	27	0	0	0	0	0	1	0	0	3	3	7	23
30 OTHER DISEASES OF CIRCULATORY SYSTEM	20	15	5	0	0	0	0	1	0	2	0	3	0	9	5
31 DISEASES OF UPPER RESPIRATORY TRACT	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0
32 OTHER DISEASES OF RESPIRATORY SYSTEM	71	42	29	0	0	0	0	0	1	6	2	6	4	30	22
34 OTHER PARTS OF DIGESTIVE SYSTEM	22	9	13	0	0	0	0	1	1	1	2	3	0	4	10
35 DISEASES OF URINARY SYSTEM	15	9	6	0	0	0	0	0	0	0	0	1	0	8	6
43 MUSCULOSKELETAL & CONNECTIVE TISSUE	3	2	1	0	0	0	0	0	0	1	0	0	0	1	1
44 CONGENITAL ANOMALIES	8	6	2	5	2	0	0	0	0	0	0	1	0	0	0
45 CONDITIONS IN PERINATAL PERIOD	4	2	2	2	2	0	0	0	0	0	0	0	0	0	0
46 SYMPTOMS & ILL-DEFINED CONDITIONS	7	4	3	2	1	0	0	0	0	0	0	0	0	2	2
E47 TRANSPORT ACCIDENTS	19	16	3	1	0	10	1	1	0	3	2	0	0	1	0
E49 MISADVENTURES DURING MEDICAL CARE	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0
E50 ACCIDENTAL FALLS	5	2	3	0	0	1	0	0	0	0	1	0	0	1	2
E51 ACCIDENTS CAUSED BY FIRES & FLAMES	3	2	1	0	0	0	0	0	0	1	1	0	0	1	0
E52 OTHER ACCIDENTS,LATE EFFECTS	10	6	4	0	1	2	1	1	0	1	0	0	0	2	2
E54 SUICIDE AND SELF-INFLICTED INJURY	11	9	2	0	0	4	2	1	0	1	0	3	0	0	0

Table 9

NUMBER OF DEATHS BY CAUSE, AGE GROUP AND SEX
OCCURRING IN SASKATCHEWAN IN 1991
FOR HEALTH REGION # 7 ROSETOWN-BIGGAR-KINDERSLEY

	TOTAL	ALL AGES		< 15		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES OF DEATH	331	186	145	2	2	4	0	7	3	25	10	48	29	100	101
08 M N OF LIP,ORAL CAVITY,PHARYNX	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0
09 M N OF DIGESTIVE ORGANS,PERITONEUM	22	12	10	0	0	0	0	0	0	1	1	3	3	8	6
10 M N OF RESPIRATORY & RELATED ORGANS	17	12	5	0	0	0	0	0	0	3	0	4	3	5	2
11 M N OF BONE,SKIN,BREAST	7	1	6	0	0	0	0	0	0	0	1	0	3	1	2
12 M.N. OF GENITOURINARY ORGANS	12	10	2	0	0	0	0	0	0	3	1	1	1	6	0
13 M N OF OTHER & UNSPECIFIED SITES	8	6	2	0	0	0	0	0	2	2	0	3	0	1	0
14 M N OF LYMPH & HAEMOPOIETIC TISSUE	11	4	7	0	0	0	0	0	0	0	1	2	1	2	5
17 OTHER & UNSPECIFIED NEOPLASM	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
18 ENDOCRINE & METABOLIC DISEASES	5	3	2	0	0	0	0	0	0	0	0	0	1	3	1
21 MENTAL DISORDERS	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0
22 DISEASES OF THE NERVOUS SYSTEM	10	5	5	0	0	0	0	0	0	1	1	0	1	4	3
25 RHEUMATIC FEVER/HEART DISEASE	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
27 ISCHAEMIC HEART DISEASE	75	45	30	0	0	0	0	1	0	4	0	20	7	20	23
28 PULMONARY & OTHER HEART DISEASE	28	11	17	0	0	0	0	0	0	3	0	3	2	5	15
29 CEREBROVASCULAR DISEASE	33	12	21	0	0	0	0	1	0	0	1	1	5	10	15
30 OTHER DISEASES OF CIRCULATORY SYSTEM	11	6	5	0	0	0	0	0	0	0	0	3	0	3	5
32 OTHER DISEASES OF RESPIRATORY SYSTEM	34	25	9	0	0	0	0	0	0	3	2	3	1	19	6
34 OTHER PARTS OF DIGESTIVE SYSTEM	20	9	11	0	0	0	0	1	0	3	0	0	1	5	10
35 DISEASES OF URINARY SYSTEM	7	2	5	0	0	0	0	0	1	0	1	1	0	1	3
42 DISEASES OF SKIN	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
44 CONGENITAL ANOMALIES	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0
45 CONDITIONS IN PERINATAL PERIOD	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0
46 SYMPTOMS & ILL-DEFINED CONDITIONS	2	1	1	0	1	0	0	0	0	0	0	0	0	1	0
E47 TRANSPORT ACCIDENTS	11	9	2	1	0	2	0	2	0	0	1	2	0	2	1
E50 ACCIDENTAL FALLS	5	4	1	0	0	0	0	0	0	1	0	0	0	3	1
E52 OTHER ACCIDENTS,LATE EFFECTS	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0
E54 SUICIDE AND SELF-INFLICTED INJURY	5	5	0	0	0	2	0	1	0	0	0	2	0	0	0

PUBLIC HEALTH NURSING
APRIL 1, 1991 - MARCH 31, 1992

The past year has been full of challenges and opportunities for public health nurses to influence the health and well-being of residents throughout the Region. There is increasing focus on the part of health care funders, health care providers and society at large on the importance of wellness. It is not adequate to equate "health" with the absence of disease and disability. The broader concept of optimal well-being in all spheres, physical, emotional, social, and spiritual, is now recognized as vital to our sense of fulfilment in life. Public health nursing activities contribute to the health and wellbeing of individuals, families and communities.

We have recognized the importance of working more closely with communities in allowing them to identify the health issues most important to them and developing ways of addressing these health needs that are acceptable and appropriate for that community.

We have again been approached by individuals, school and community groups on a regular basis to assist with health education programs. It is heartening to see increased interest and need expressed for information and assistance in the pursuit of wellness.

In order to remain current and up-to-date, nursing staff have participated in a number of workshops, inservice education programs, self-directed learning and a multitude of reading resources. The current era has been well named the "Information Age"

We have revised the manner in which pediculosis (head lice) is now managed in the school setting. The former approach of inspecting for evidence of infestation, the heads of all children in "contact" with a case has been ineffective. Head lice continued to spread freely throughout schools. It has been demonstrated elsewhere that if parents exert more vigilance in observing their children's heads for infestation, and detect and treat early, the problem is better controlled. Nurses have provided educational opportunities for school personnel and parents to enhance awareness and knowledge. So far, this approach seems to have been at least as effective in controlling the problem.

High numbers of pregnant teens continues to be a problem in this Region. During 1991, we had 189 births to females age 19 or under (198 in 1990). School personnel are also concerned, as are some physicians. We have been working with these groups to provide appropriate opportunities for prenatal health education and support for these young women.

There is a continuing need for programs to assist parents deal with their parenting responsibilities. We have continued to offer parenting classes in response to this need. This has included both the "Nobody's Perfect" and "How To Talk So Kids Will Listen" programs.

We have seen a decrease in the number of pertussis (whooping cough) cases this year, but a significant increase in rubella (German measles), not only in this

Region, but throughout the province. To curtail the spread of rubella disease, we have made MMR (measles, mumps and rubella) vaccine available to all students who had not previously received rubella vaccine.

Two cases of tuberculosis diagnosed over the past year have had very extensive contact networks. It has been a major challenge to orchestrate and carry out all of the contact followup. Lack of knowledge and understanding on the part of many of the contacts resulted in unnecessary anxiety and made the task even more challenging.

In the fall of 1991, public health nurses were presented with the opportunity to provide the Influenza Immunization Program to the "over age 65" population. This was carried out with minimal time for planning. However, the excellent cooperation of community groups, volunteers, and Senior Activity Centres made the task less formidable. The nursing staff are to be commended for their eager and positive participation and we look forward to again offering this service in 1992. Serious complications from influenza disease are common in the elderly. By providing immunization to protect against acquiring disease, we can reduce the morbidity and mortality from complications and thus reduce the need for very costly acute health care services.

In an effort to decrease costs in acute care facilities, hospitals have introduced, in some areas, an early discharge program for postpartum patients. We have been pleased to offer early followup to these clients in their homes. This demonstrates clearly that "wellness" services in the community can meet the needs of some clients who have until now been managed through very expensive acute care services.

Progress on the "Computerization of Health Records" project has been slow. Various prototypes of software have been tried out. Now with the fiscal restraints, it is unclear how quickly the project will proceed. While we recognize it would greatly enhance our record management capabilities and facilitate information transfer, it will be costly to implement.

Industrial development in the Meadow Lake and Lloydminster areas has impacted on our service delivery to some extent. There has been an increased utilization of prenatal classes and CHC services in the Meadow Lake area.

The completed renovations to our Meadow Lake office space has enhanced our ability to meet client needs more safely and efficiently. Adequate clinic rooms allow us to offer additional CHCs as the need arises. A health education room, though not large, has enabled us to be more flexible in how we offer prenatal classes and other small group health education sessions. Clients are very positive about the efficiencies of the waiting room area; we finally have the space and capability to display health education materials. Staff morale has significantly improved with more adequate work stations.

We are continuing to work with smaller communities to upgrade some of our CHC facilities which do not meet standards. In doing so, we have appreciated the support and assistance of municipal health representatives and other community groups in addressing the inadequacies. Some poorly utilized rural CHCs have been discontinued.

We have been unable to proceed as quickly as we had scheduled in developing new public health legislation. We received the first legal draft in November 1991, but are still awaiting the second draft. We will, thus, not be able to complete the project within the proposed time frames.

As in past years, we have provided learning experiences for nursing students from a variety of nursing education programs. It is always challenging and rewarding to contribute to student learning and influence their professional development.

Initial planning has begun for a "Born To Read.. in the nineties" literacy project in the Battlefords area. Public health nurses will be distributing project materials in our contacts with parents of newborns. Activities which promote the development of literacy skills will also promote positive parent-child relationships. This should contribute to the health and well-being of the participants.

The current climate of change in health care service delivery, the emphasis on health and well-being, the opportunities to work more closely with communities and other health care providers all make this a very exciting time to be working in an agency providing health and wellness services. We see the opportunity to expand our practice, to work collaboratively, and to impact on even future generations as part of the challenge ahead of us.

We wish to express appreciation for the ready assistance of support staff, the untiring efforts of Dr. Reesal on our behalf, and the cooperation and expertise afforded us by other disciplines with whom we work both within and outside the agency.

Gwen Johnstone
Regional Nursing Supervisor

SELECTED NURSING STATISTICS

	1989-90	1990-91	1991-92
NURSING DAYS:	3896	4014	4225
CHILD HEALTH CONFERENCES:			
Appointments available	12317	12047	(Stats not
Appointments scheduled	10436	10129	available at
Appointments seen	8910	8661	time of printing)
Visits	1076	1258	
Total Attendance (Appointments and Visits)			
Infants	4198	4244	
Preschool	5783	6744	
Immunization			
4th Dose DPT, DT, DPTP	1188 (82%)	1204 (73%)	
MMR	1263 (91%)	1298 (79%)	
Hib	1031 (70%)	1154 (70%)	
PRENATAL CLASSES:			
Total	172	188	175
Attendance: prenatals	405	361	354
coaches	365	343	308
Group Education re: Prenatal			
# of classes	9	15	22
Attendance	65	154	88
HOME VISITS			
Total	2122	2262	2269
Prenatal	94	137	139
Postnatal	814	792	870
Adults (over 65)	322	334	327
(under 65)	604	567	497
Communicable Disease:			
TB	3	35	14
STD	15	15	9
Other	83	58	64
SAIL Total	317	332	307
Respiratory	236	259	244
OTHER (NON HOME VISIT) CONTACTS			
Total	4827	5114	5700
Communicable Disease:			
TB	25	336	67
STD	40	21	27
Other	373	483	535
SAIL Respiratory	186	217	195
Other Equipment	156	118	88
OFFICIAL VISITS:	2010	2147	2131

	1989-90	1990-91	1991-92
GROUP EDUCATION: (Includes health education programs in schools)			
Presentations	199	198	495
Attendance	3755	3492	7551
SCHOOL SERVICES:			
Teacher-Nurse Conference	1379	1294	1133
Students seen	7093	2136	1788
Hearing Screening	1124	1225	933
# Referred	69	67	66
Vision Screening	4881	3011	4025
# Referred	477	308	361

PUBLIC HEALTH INSPECTION

Staffing We currently have a complement of four inspectors and one senior inspector. The position lost two years ago has not yet been replaced. The position at Lloydminster was vacant during September and October when the incumbent accepted a position in British Columbia. We were successful in recruiting Brenda Zeigler to fill the position. Brenda, who made a career change from support staff to public health inspector, received her certification as a public health inspector in November.

Community Health Education. The National Sanitation Training Program was presented on 10 occasions to 205 food service workers. There were also some short presentations to personal development workers and adult education classes.

Two Level I training courses for swimming pool personnel were presented. We also provided assistance with a Level II (advanced course) in Saskatoon.

Communicable Disease Investigation. Our statistics indicate 144 investigations, three of which are worthy of note. A number of guests became ill following a wedding reception. Turkey and potato salad were implicated. Shigellosis, which is easily spread by food or water and where there is poor sanitation, was contracted by eight children in four families. As a result of children who attended a swimming pool party becoming ill, a swimming pool and a water slide were closed for four days for clean-up.

Complaints. You will note from the statistics that most of our complaint investigations involved housing. Complaints were received of structural conditions of housing, lack of repair, odor problems, etc. In three instances, bad odors were traced to faulty plumbing which allowed sewer gases to escape; these were due to a corroded drain pipe, an unused extra pipe to a septic tank, and a faulty weeping tile connection.

In closing, I wish to thank the support staff for the invaluable assistance which they have provided the inspectors throughout the year. I commend the inspectors for their dedication and hard work in the handling of routine inspections and the assorted problems which confront them while performing their duties.

Respectfully submitted

J. R. Johnson
Senior Public Health Inspector

PUBLIC HEALTH INSPECTION STATISTICS

Total Premises on File (Eating Establishments, Hotels, etc)	1243
Formal Inspections (Full written report of above premises	1112
Field Visits (Complaints, follow-up, etc.)	1703
Plans reviewed	125
Activities related to facilities	2840
Samples	
Drinking Water	152
Swimming Pool/Water Theme	38
Food	18
Other	13
Total	221
Complaints	
Sewage	57
Habitation	124
Food	84
Other	93
Total	358
Other Activities	73
Land Use Referrals	50
Public Education	21
Legal Action	3
Disease Investigation	144

PUBLIC HEALTH NUTRITIONIST REPORT

Shelly A. Hagen

April 1, 1991 - March 31, 1992

The main role of the public health nutritionist is to identify populations at risk for nutrition related problems, priorize community nutrition needs and plan, coordinate, implement and evaluate population based nutrition intervention programs. There is one nutritionist for the North Battleford Health Region serving a population of approximately 81,942 individuals (SHSP Statistics, January 1991). The Report of the Communications/Implementation Committee (1989) (Part of National Health and Welfare) recommends that provincial governments review staffing levels in community health services to achieve a minimum ratio of 1 nutritionist per 50, 000 population.

Highlights of some of the nutrition programming initiatives over the past year are outlined below:

Heart Health Programming:

The Saskatchewan Heart Health Survey (1989-1990) clearly demonstrated that risk factors for cardiovascular disease are widespread in the Saskatchewan population. More specifically, two out of three persons in Saskatchewan have one or more of the major risk factors for heart disease (high blood pressure, elevated cholesterol, and cigarette smoking). Fortunately these risk factors are either preventable or controllable.

The most overriding factor influencing blood cholesterol levels is diet. Individuals need information and support to help them reduce the total fat and saturated fat content of their diet. The majority of nutrition education sessions conducted in the Health Region focused on providing practical tips and suggestions to individuals, groups, and health professionals for adopting a lower fat, higher fibre eating style. Participants also had the opportunity to develop new skills in the areas of food purchasing and preparation, recipe modification and reading food labels.

In addition to establishing direct contact with groups and clients interested in Heart Health, the nutritionist also had the opportunity to be involved in the preliminary planning of a community based project to help prevent heart disease amongst residents in Lloydminster and surrounding area. A variety of individuals from a wide cross-section of agencies, such as education, health, business and community agencies, as well as members of the general public are meeting together to help determine what education and programming strategies will help individuals in their community choose and practice heart-healthy behaviours. It is exciting to see the enthusiasm of the individuals involved in the Lloydminster Heart-Health project. Despite varying perspectives from nutrition, smoking, public health, workplace wellness, cardiac rehabilitation and physical fitness all are united in the common cause of Heart Health. The project will continue to be developed in the next six months with program implementation likely to begin in early 1993.

The nutritionist has been working with the "Heart Smart" Program Coordinator

with the Saskatchewan Heart and Stroke Foundation to bring the "Heart Smart" restaurant program to North Battleford and Lloydminster. This is a consumer driven program in which a "Heart Smart" restaurant owner agrees to provide "heart smart" menu items such as skinned poultry and fat-trimmed meats, foods prepared without added fat, salt, gravy or sauces, upon request. To date, kick-off breakfasts have been held in Lloydminster and North Battleford to identify community partners to assist in the promotion of this program.

"Eat Smart" Grocery Store Tour

Grocery store tours are aisle-by-aisle nutrition education sessions that help shoppers make wise food choices when purchasing food. Tours last approximately 90 minutes and involve 8-10 clients. Tours have been held in a variety of locations in the health region including: North Battleford, Unity, Meadow Lake, St. Walburg, and Maidstone. The communities response to these tours has been overwhelming. One hundred percent of the individuals who participated in the tours reported that they would recommend the tour to a friend. Unfortunately, it is difficult to offer the tours to outlying communities like Lloydminster and Meadow Lake on a regular basis due to the large amount of travelling time involved. However, tours will continue to be offered and promoting in the upcoming years as they are very popular way to impart nutrition information.

Food Budgeting and Cooking Skill Development Programming

A significant amount of the nutritionist time is spent doing presentations and providing resources to groups and individuals concerned with managing limited resources. Many of these individuals are reached through the Adult Education and Lifestyle programs offered through the local community colleges. This is a very challenging field but presents some unique opportunities in terms of collaboration and community development. The nutritionist hopes to continue to establish links with individuals at various agencies such as health, social services, local food bank, and education to collectively help lower income people in the region overcome some of the barriers to integrating nutrition information into their daily lives. A focal point for local activities may be the promotion of World Food Day on October 16. This may to help the community build awareness of and understand food and hunger related issues.

Media Involvement

For the past two years, the nutritionist has been taping a one-half hour show called "Nutrition Forum" on a monthly basis at Battlefords Community Cablevision. Judging from the phone calls received and the request for follow-up information, this is a useful mechanism for disseminating nutrition information. Nutrition programming for Battleford's Community Cablevision will continue next year but on a more limited basis because of the tremendous amount of time involved putting together a half-hour television session.

The nutritionist submits weekly nutrition columns to eleven local newspaper editors in the North Battleford Health Region. This is a very powerful vehicle for disseminating nutrition information when resource personnel are so limited. A check was made of local newspapers in January and May, 1991 to

determine pick up rates. This survey revealed the nutrition newspaper columns appeared in 255,300 newspapers in the two month period. Average pick up rate was 53% for the month of January and 28% for the month of May. In addition to newspaper columns the nutritionist also tapes radio spots which are aired on the local radio station, and does some individual interviews with regional TV stations and newspapers.

Individual Assessment and Counselling

The nutritionist regularly receives many calls and letters from individuals and agency representatives requesting specific nutrition information and/or resources. Three hundred and fifty-five requests were handled in 1991-92 as compared to two hundred and ninety-seven in the previous year. The majority of requests related to issues such as cholesterol, fat, food allergies and nutrition labelling. Individual counselling continues to be an integral part of the nutrition programs. Most of the counselling provided is to self-referred clients or to referrals made from public health nurses as part of the preschool core program. Usual problems seen are weight control, fat and cholesterol issues and management of food allergies/intolerance.

Professional Support and Consultative Services

Ongoing information and education sessions were provided to a variety of professionals. A diverse array of topics were covered including Dairy Foundation nutrition education workshop for teachers, heart health issues at nurses' chapter meetings, seminars on allergy, prenatal nutrition and infant feeding issues. Regular information updates, consultations and resources were provided to public health nurses.

Avenues for Future Development

The role of nutrition in public health is growing and changing. A provincial evaluation of the nutrition program in 1991 revealed very positive results. However, there is room for expansion especially in terms of local hunger and poverty issues, support for pregnant adolescents, breastfeeding support and promotion, seniors programming and community coalition building.

At this time I would like to express my appreciation to all members of the Community Health Prevention Services staff in the North Battleford Health Region for their assistance and cooperation during the past year. 1993 should be a year of continued opportunity and growth.

Shelly A. Hagen, P.Dt
Public Health Nutritionist

NUTRITION PROGRAM STATISTICS
April 1, 1991 - March 31, 1992

I. Presentations

Groups	(1991-1992) Presentations	(1991-1992) Attendance	(1990-1991) Presentations	(1990-1991) Attendance
Professional Groups*	20	231	8	204
Community Groups	21	562	40	695
Grocery Store Tours	11	106	7	61
Adult Education Programs**	4	42	7	15
Employee Wellness Programs	1	20	4	73
Demonstration Prenatal Classes	11	183	11	195
School Presentations***	28	463	18	354

* Includes public health nurse, teachers, local dietitians, SIAST students, etc.
** Includes students at Vantage Education Centre, Adult Upgrading, and Personal Skills Development Programs
*** Includes presentations made at Breakaway Health Fair

II Media and Resource Development

	1991-92	1990-91
Newspaper Releases	52	36
Radio Spots	20	20
Telecable Production "Nutrition Forum"	7	3
Inteviews - Television, Newspapers	5	9
Displays	2	5
Development Resource Material	2	2

III Information/Consultations

Includes queries for nutrition information, individual case consultation, and distribution of nutrition education materials/resources.

	1991-92	1990-91
General Public	170	142
Branch Staff*	106	67
Other Professionals	79	88
Individual Counselling Sessions	26	35
Prenatal Lifestyle Assessments	228	215

* Includes individual client consultations

IV Orientation Sessions

	1991-92	1990-91
Orientation - New staff, students dietetic/community nutrition interns	8	5

Includes one week orientation session with intern from Health Services Centre in Winnipeg and 2 1/2 day orientation period with Community Nutrition Intern from Saskatoon.

V Other Activities

- Member of provincial nutritionist subcommittee who revised infant feeding pamphlet entitled "Feeding Your Baby".
- Assisted with revision of "Community Nutrition Assessment Tool"
- Participated in Breastfeeding Study Group hosted by Saskatoon Breastfeeding Action Committee
- Involved with preliminary planning of Lloydminster Heart Health Project.

EARLY CHILDHOOD PSYCHOLOGIST'S ANNUAL REPORT

After an absence of approximately 2 1/2 years, Early Childhood Psychology services once again became available in the Region in early 1992. The Early Childhood Psychologist provides psychological services for families of preschool age children who are developmentally delayed or who are at-risk for developmental delay.

The clinical services provided by the Early Childhood Psychologist include: (1) diagnostic assessments to determine the presence of developmental delays; (2) the design and implementation of developmental intervention plans to lessen the negative impact of delays on children and their families; (3) behavioral assessments which lead to the design of behavior management plans to reduce the frequency and severity of the behavior disorders which are frequently present in children with developmental delays; (4) parent counseling to help lessen the emotional stresses which are frequently present in these families; and (5) consultation in child development, behavior, and parenting to other professionals and child oriented agencies such as the Early Childhood Intervention Programs.

In addition to the diagnostic, treatment and consultation services described above, the Early Childhood Psychologist also provides prevention and public education services in the form of workshops, presentations, radio, television, and newspaper spots which focus on preschool child development, behavior and parenting. The target audience for these initiatives are parents of all preschool age children, other child health professionals, child serve agencies, and the general public.

The Early Childhood Psychologist (ECP) for the North Battleford Health Region serves a population of approximately 90,000. In addition to the regional office in North Battleford, services are provided on a monthly basis in the district offices in Meadow Lake, Lloydminster, and Unity. Informing the community of renewed availability of ECP services to the Region, although initially anticipated to be a challenge, has turned out to be an unnecessary worry. There has been an exponential increase in both referrals and telephone consultations over these past two months. At present, ECP referrals which come primarily through Public Health Nurses, Speech and Language Pathologists, and Early Childhood Intervention Programs are averaging about 16 new cases per month. The anticipated total caseload is expected to average between 150 to 200.

ECP referrals received during these first two months reflect about equally, parental concerns over their child's behavior as well as concerns about their overall development. With earlier detection and intervention, a child's cognitive and adaptive behavior development can be more effectively supported, and behavior problems can often be avoided all together. It is hoped that through a regular program of community talks, and media presentations, I can share with parents and other professionals in the area my experiences in helping families with infants and toddlers and thereby decrease the average age of referral for ECP services.

Early Childhood Psychology community presentations conducted during this first two months have consisted of a presentation to daycare staff on preventing and ameliorating behavior problems in preschool settings; a presentation to the parent group of a local preschool program on identifying and reducing the stress inherent in parenting preschoolers; and a presentation to parents of children with developmental delays on effectiveness of parent support groups in reducing family stress. I also attended Early Childhood Intervention Program, Admission and Review Committee meetings in North Battleford, Meadow Lake and Lloydminster.

Another area of major concern is family violence. It has been my experience that families with a child with special needs are at substantially higher risk for these problems. Periodic presentations to parent groups aimed at helping parents reduce parental stress and the establishment of ongoing parent groups for families with developmentally delayed and at-risk children will be a priority for the ECP program. In this regard, it has also been my experience that fathers rarely have the opportunity to avail themselves of opportunities to discuss concerns unique to them in patenting young infants. I plan to explore the feasibility of offering both periodic community presentations as well as ongoing discussion groups aimed specifically at fathers in the Health Region.

During my first months of tenure in the position of Early Childhood Psychologist, it has also been my pleasure to meet, and begin the process of establishing collaborative working relationships with, a wide range and variety of individuals and organizations who are all devoted to providing quality services to preschool age children and their families. Meetings with a number of key personnel in Social Services, Community Therapy, Education, Mental Health, and the three Early Childhood Intervention Programs in the Region have been held.

It has been extremely rewarding to discover that across this Health Region there is a strong interest in developing a mechanism for efficient and effective interagency collaboration. Over the next months I plan to work closely with others both within Community Health and other agencies who have already initiated efforts to establish a formal interagency council.

Respectfully submitted,

James K. Hyche, Jr., Ph.D.
Early Childhood Psychologist

SPEECH LANGUAGE PATHOLOGIST'S ANNUAL REPORT

The goal of the speech language pathology program has been to encourage and enhance self-sufficiency and independence by reducing the impact of communication disabilities. Core services include assessment, therapy, and parent counselling for preschool children, education and training of families, other professionals and agencies with respect to normal speech and language development, and assessment, therapy, and family counselling for adults with communication disorders.

Due to the sheer numbers of children involved in the speech language pathology program, service delivery is often done through consultation with other professionals and agencies involved with the child. In addition, the Speech Language Pathologists rely heavily on families to carry out home programming to assist their child develop appropriate speech and language skills. Typically, preschool children seen in this program demonstrate delays in articulation, language, fluency, voice, or hearing. The cause of these disabilities is often difficult to determine, however some can be identified as being related to birth injury, premature birth, environmental conditions, head injury, or pre-existing physical disabilities such as cerebral palsy or cleft palate.

Education and training of families and other professionals with regard to normal speech and language development and intervention techniques often take the form of individual training with respect to one particular child. This training is often conducted on an informal basis using modelling during therapy situations or modelling in the child's natural environment. In addition, workshops and training seminars have been held on weekends and in the evening for families and other professionals interested in learning more about speech and language development. Information regarding normal speech and language development and techniques for dealing with speech and language disorders has also been disseminated through mall displays, presentations to clubs and organizations, information printed in local newspapers, disseminated over radio or through local cable access channels.

Services to adults in the region comprise only 10% of the Speech Language Pathologist's time. Therefore assessment, therapy, family counselling and consultation with other professionals and agencies involved with adults experiencing communication disorders has been extremely limited. Once again, due to constraints of time and resources the Speech Language Patholgist's are forced to provide assessment and minimal follow-up, relying heavily on family members and other professionals to carry out the therapeutic recommendations.

Keeping the region fully staffed with Speech Language Pathologists this past year has been difficult. In North Battleford, Cheryl Turner was on maternity leave from June - November, 1991 and Ronda Day, Lloydminster resigned in November, 1991. Recent studies published in British Columbia have recommended caseload sizes for Speech Language Pathologists. Using these recommendations the North Battleford Health Region would need 12.2 Speech Language Pathologists to adequately serve the preschoolers and adults in this region.

Despite staffing difficulties and lack of materials and resources, the Speech Language Pathologists have been able to assist some preschoolers and adults in developing their communication potential. The preschoolers who seem to benefit most from the speech language pathology program are those with minimal delays and disabilities such as the child who says "thoup" instead of "soup" or even the child who has more significant articulation difficulties. Preschoolers and adults who have access to supportive and involved family members also demonstrate significant progress. Those children and adults who are demonstrating minimal progress are usually the severely multiply-handicapped, and those whose families are unwilling or unable to carry out third party programming.

Steps to try to alleviate some of these road blocks to communication self-sufficiency have been initiated. They include: workshops provided for preschool and daycare providers, closer interaction with preschool and daycare providers as well as Early Intervention Programs. Altering programs to provide intensive services to severely multiply-handicapped children in their natural environment. Work with other agencies in order to secure a lending library of augmentative and alternative communication devices. And finally the initiation of a dialogue between community agencies involved in working with handicapped preschool children in order to better coordinate and deliver services to this population.

The Speech Language Pathologist would like to take the opportunity to thank all the staff of Health Region #13 for their support and patience, these have been invaluable assets in meeting the challenges of program delivery. The Speech Pathologist looks forward to another year of cooperation and even greater team work.

Submitted by Cheryl Turner
Speech Language Pathologist

SPEECH AND LANGUAGE SERVICES STATISTICS

DISTRIBUTION OF WORKING TIME

(Average per month for April, 1991 through March 1992)

	North Battleford		Lloydminster	
	1990-91*	1991-92**	1990-91	1991-92***
Casework	63%	63%	66%	63%
Travel	7%	6%	9%	8%
Public Education	6%	4%	1%	8%
Administration	21%	20%	17%	20%
Professional Development	3%	7%	7%	1%

* Based on 5 month part time and 6 month part-time
** Based on 6 month full time
***Based on 7 month full time and 1 month casual

CASELOAD INFORMATION

	1990-91	1991-92
Number of new referrals	289	210
SOURCE OF REFERRALS	1990-91	1991-92
PHN 3 yr Communication Questionnaire	106	86
PHN Other	58	38
ECP	0	0
SHAP	2	1
Parent	28	9
MD	9	7
Other	86	82

STATUS OF CASES

	WAITING FOR ASSESSMENT	WAITING FOR TREATMENT	IN TREATMENT	TOTAL	OVERDUE FOR REVIEW
MARCH 1990	117	3	243	363	127
MARCH 1991	79	3	202	284	13
MARCH 1992	131	26	158	315	80

DENTAL HEALTH EDUCATION SERVICES

North Battleford Health Region has two Dental Health Educators, Darren Berg in North Battleford and Bernadette LeBoeuf in Meadow Lake.

The goal of the Dental Health Education program has been to increase the public awareness and understanding of the factors influencing their dental health. Dental Health is part of total health. There is a strong emphasis on health promotion and the prevention of disease.

Dental Health Educators provide Dental Health Education services to students from Kindergarten - Grade 6. Information is given to students about the importance of their teeth. The students are responsible for their own health. They can keep their teeth for a lifetime if they choose to take care of them. Students are given practical instruction in both brushing and flossing. Dental Health Educators spend a good deal of time and effort to develop lesson plans, new ideas and innovative ways to present their message. Efforts continue to assess the information provided. The Grade 3 group presentations are being evaluated this year. Results of the evaluation will be examined and changes made for the 92/93 school year.

The Dental Health Educators have developed "A Walk With Charlie Chew" dental kit for use with preschool groups. These self-directed kits are a wonderful opportunity to introduce young children to dental health education using puppets, games, activities, stories and songs. Preschool kits are provided upon request to daycares, playcares, nursery schools and libraries. The kits are heavily utilized in the North Battleford Health Region and are often booked several months in advance.

In response to concerns about increased usage of Smokeless Tobacco, Dental Health Educators have developed a display and presentation on the use of "Smokeless Tobacco." The negative affects of smoking are documented. Many people are turning to the use of Smokeless Tobacco as an alternative to smoking. The increased usage by children and young adults has resulted in an increase in oral cancer and other related dental problems. Tobacco companies have targeted young people in their advertising and packaging of the product. They are making flavors such as mint and increasing the sugar content to as much as 30% to make the tobacco more palatable.

This year 4 new schools in the North Battleford Health Region have started Fluoride Mouthrinse Programs. Increased interest has come from communities to implement Fluoride Mouthrinse Programs in their schools. Many parents-volunteers have come forward to run the programs in their communities. Children can benefit from a reduction in dental decay of 30 - 50% by rinsing once weekly with a Fluoride solution. This year Dental Health Educators have identified Hutterite Colonies as a high risk group. They often require extensive and costly dental treatment services. All colonies in the province are encouraged to participate in the Fluoride Mouthrinse Program. All colony schools in North Battleford Health Region are involved. Another initiative is to meet with the mothers in the colonies to encourage preventive care for themselves and their children. Parents should be good role models. Their preventive practices will greatly influence the

daily habits of their children.

April was Dental Health Month and once again we had our Dental Health Month Baby promotion to promote early dental care. Baby baskets containing preventive dental aids were presented to the first baby born in the month. All other parents received a smaller prevention package. This promotion was well received by the hospitals in the region. Information was sent to Schools in the region to include in their school newsletters.

Dental Health Educators respond to many requests from different individuals and groups for information. Presentations, displays, table clinics, staff inservices and written correspondence are used to provide information. The requests for services from the communities increases as the communities become more aware of the Dental Health Education Program. The resulting demands to provide preventive dental health education services has at times been greater than our ability to provide these services.

We have been fortunate to work cooperatively with many different individuals, groups and agencies to promote better dental awareness and health.

We thank the communities for their support and look forward to serving them in the future.

Bernadette LeBoeuf, Darren Berg
Dental Health Educators

DENTAL HEALTH EDUCATION STATISTICS

SCHOOL PRESENTATIONS

Number of Participating Students	9,031
Number of Classroom Presentations	433
Number of Schools Visited	59
Number of Schools	73

PRESCHOOL PROGRAM

Number of Children Participating	1,015
Number of Preschools Utilizing Kit and/or Received Presentations	29

FLUORIDE MOUTHRINSE PROGRAM

New	Participants
Fort Pitt Hutterite	23
Wheatland Christian School, Neilburg	11
Martin Browne, Lloydminster	66

Old

Number of Participating Students	3,094
Number of schools participating	32

DENTAL HEALTH MONTH

Number of preventive packets distributed	185
Number of baskets delivered	12

OTHER SERVICES PROVIDED TO COMMUNITIES

FMR Inservices	6
Special Care - Seniors/Handicapped	2
Hutterite Colonies	2